Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

		CLAIMS AS	S FILED -		l (Colui	mn 2)	SMALL EN	ITITY	OR	OTHER SMALL	
TOTAL CLAIMS			34		(GOIGHIN E)		RATE	(FEE)		RATE	FEE
FOR			NUMBER FILED		AUTAAD	ED EVIDA	BASIC FEE	355.00		BASIC FEE	710.00
			1//		NUMBER EXTRA			100	ОН		710.00
TOTAL CHARGEABLE CLAIMS			minus 20= * )			-/	X\$ 9=	107	OR	X\$18=	2
INDEPENDENT CLAIMS			/ minus 3 = (			)	X40=	400	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						N.	+135=	13t	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2	TOTAL	1159	OR	TOTAL	
CLAIMS AS AMENDED - PART II								15	1	OTHER	THAN
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL	NTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT A</b>	Total	. 24	Minus	4	1	=	X\$ 9=	* *	OR	X\$18=	
	Independent	NITATION OF M	Minus	PENDENT	CLAIM	<del>-</del> /	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui	mn 2)	(Column 3)	NOO!!!! CC				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	i.	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		+135=		OR	+270=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	AUDII. FEE		•	ADDIT, FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=		00	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL	-
	lf the "Highest Nu	mber Previously P	aid For" IN TH	IS SPACE I	s less tha	n 20, enter "20."			OR	TOTAL ADDIT. FEE	